RELINQUISHMENT OF INDIAN CHILD (BIRTH MOTHER AND/OR PRESUMED FATHER) Out of County

an authorized off Social Services of adoption, persona name(s) is/are sul The terms and co signing of the dec	sence of: WITNESS SIGNATURE day of or authorized by Welfare and Institually appeared sibscribed to the within instrument are signature authorized agency official of the voluntary sign cree of adoption were fully explained ancy representative whose signature	utions Code Section and acknowledged to CERTIFIC ing of the relinquish ed in detail to and u	me that he/she/ CATION ment, including inderstood by the	anization licensed by the Californes for children and to place of the common to me to be they executed the same. COUNTY the right to withdraw the relingue parent(s) of this Indian child.	ornia Department of children in homes for the person(s) whose uishment prior to the The explanation was
On this an authorized off Social Services or adoption, personal	sence of: WITNESS SIGNATURE day of ficial of or authorized by Welfare and Institually appeared bscribed to the within instrument ar	, 20 utions Code Section and acknowledged to	an org 16130 to find h me that he/she/	witness signature anization licensed by the Californes for children and to place of the known to me to be they executed the same.	ornia Department of
On this an authorized off Social Services or adoption, personal	sence of: WITNESS SIGNATURE day of ficial of or authorized by Welfare and Institu	, 20 utions Code Section	an org 16130 to find h	witness signature anization licensed by the Californes for children and to place of the color o	ornia Department of
On this an authorized off Social Services or adoption, personal	sence of: WITNESS SIGNATURE day of ficial of or authorized by Welfare and Institu	, 20 utions Code Section	an org 16130 to find h	witness signature anization licensed by the Californes for children and to place of the color o	ornia Department of
Signed in the pres	sence of: WITNESS SIGNATURE day of ficial of	, 20	an org	witness signature anization licensed by the Calif	ornia Department o
Signed in the pres	sence of: WITNESS SIGNATURE day of	, 20	, before me	STATE WITNESS SIGNATURE	
Signed in the pres	sence of: WITNESS SIGNATURE			STATE WITNESS SIGNATURE	
		СІТУ			ZIP CODE
		CITY			ZIP CODE
	SIGNATURE OF PARENT			SIGNATURE OF PARENT	
	OLONIATURE OF BARENT				
services and ear	ice of the California Department of the said child and any rill be binding with the signing of the d.	responsibility for th	ne care and su	oport of the said child will be	terminated, and the
	icensed by the California Departme hildren and to place children in ho				
	AGENCY ADDRESS			AG	ENCY TELEPHONE NUMBER
, 1				AGENCY NAME	
	ish and surrender the said child for				
	, a minor	child, born	DATE	in	STATE
I/We, the		, of			
				SIGNATURE OF AUTHORIZED AGENCY OFFI	CIAL
hereby signifies its	s willingness to accept this relinquis	shment and to accep	ot the child name	ed herein for adoption.	
			, 1110	AGENCY NAME	
On this	day of	, 20	the		
On this	day of	, 20	the		
	R EVIDENCE OF TRIBAL AFFILIATION day of	, 20	the		
		, 20	the		